

APPLICATION FOR BUSINESS LICENSE AND LICENSE RENEWAL

TOTAL REMITTANCE DUE =

INDIVIDUAL - PARTNER - OFFICERS

IF SOLE-OWNER, LIST OWNER; IF PARTNERSHIP, LIST PARTNERS; IF ASSOCIATE/JOINT VENTURE, LIST MEMBERS; IF CORPORATION, LIST OFFICERS.

NAME ADDRESS PHONE SSN

NAME ADDRESS PHONE SSN

NAME ADDRESS PHONE SSN

ADDITIONAL BUSINESS INFORMATION**BUSINESS DESCRIPTION**

Describe in detail the type of business activity, trade, or profession to be conducted.

Does your business contain Video Lottery Terminals?
o YES o NO If "YES", how many? _____If Home Occupation, will customers come to your home?
o YES o NODo You Sell (check all that apply.):
o Beer o Wine o LiquorDoes your business contain vending machines?
o YES o NO If "YES", how many? _____Does your business contain Pool Tables?
o YES o NO If "YES", how many? _____
If "YES", do you o Own o Rent**BUSINESS DATA**

Date of West Virginia Incorporation: _____

Date Business Began: _____

Does Business own property on which it is located?
☐ YES ☐ NO

If "NO", list Name and Address of Owner:

Owner's Name _____

Mailing Address _____

City/ST Zip _____

Previous Business Name (if applies) _____

Previous Business Location : _____

Previous Owner : _____

Owner Name _____

Mailing Address _____

City/ST ZIP _____

THE APPLICANT AND /OR BUSINESS HAS READ AND UNDERSTANDS ALL THE INFORMATION PROVIDED IN THIS APPLICATION AND CERTIFIES, SWEARS, AND ATTESTS THAT ALL THE INFORMATION PROVIDED WITHIN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE OR BELIEF.

SIGNATURE OF OWNER OR AUTHORIZED AGENT _____

TITLE _____

DATE _____

REMIT THIS ORIGINAL APPLICATION AND PAYMENT TO THE ADDRESS ON THE TOP FRONT OF THIS FORM. PLEASE MAKE COPIES FOR YOUR RECORDS

OFFICE USE ONLY

ZONING INFORMATION: Each application for a City License must first be evaluated to ascertain that the address for business, activity, or trade is one at which such business, activity, or trade is permitted by Zoning Ordinance and all other ordinances of the City of Fairmont, West Virginia.

1. What is the current zoning district? _____

2. Does this business conform to the current zoning? _____

APPROVED BY:

Planning Department _____

Building Inspector _____

Fire Department _____

Date Approved _____

Date Approved _____

Date Approved _____